TL5611

21-22, 4-chome Higashiawaji
Higashiyodogawa-ku, Osaka

Mr. Clifford Gilpin
Chief, Population and Human Resources Division
Country Department V Asia Region
The World Bank

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Dear Mr. Clifford Gilpin,

I thank you very much for your letter of April 27, 1989, in which you kindly answered my questions concerning the family planning program in East Timor. I also appreciate all the information you sent me. I am writing today to inform you that I am not still able to accept your view on some points.

1. World Bank Financing Policy

I understand that the World Bank financed, not provision of contraceptives, but construction of offices and buildings for family planning activities in Indonesia, including East Timor. I would like to ask whether the Bank has any rules or regulations regarding financing in territories involved in international conflict, like East Timor, Western Sahara or pre-independence Namibia.(1)

East Timorese regard that the World Bank as having authorised the family planning program by theIndonesian Government in East Timor, since the Bank financed the program. Is their interpretation correct? Have you ever consider financing the infrastructure for the family planning program through the ICRC (International Commission of Red Cross) or other independent organisations instead of through the Indonesian government?

2. Is the principle of voluntary participation and free-choice in family planning guaranteed in East Timor? Are the contraceptives properly used in East Timor?

You said in your letter , "The Bank's population missions in February and July, 1988, have discussed the subject of alleged coercion by the program in East Timor. While there may have been isolated cases of over zealousness on the part of the family planning workers to offer services when the program started, the Government (both Ministry of Health and BKKBN: the

National Family Planning Coordinating Board) had taken necessary precautions through supervisory visits and in directives to their personnel, to avoid recurrence of similar situations." I was also informed that, as you yourself mentioned, the UNFPA (United Nations Population Fund) staff and consultants had visited East Timor early in 1989 and had not observed any differences in handling the program, compared to other parts of the country.

I am very impressed to know that the World Bank and the UNFPA had paid much attention to the situation in East Timor. I would be quite interested to know the particulars of the Bank's investigation into the situation in East Timor as well as the procedure under which the UNFPA mission took place. I urge you to make the Bank's report public, otherwise, I am sure you will agree there is no basis upon which I can judge the accuracy of your comment that there seems to be no longer any problem in East Timor.

In April, 1989 I myself interviewed East Timorese women in Portugal, including one woman who left East Timor in February 1989, who had witnessed the birth control program. I enclose relevant excerpts as well as statements by other East Timorese that strongly suggest that the program is coercive on the one hand and is executed in a manner injurious to women's health, on the other.(2)

I wonder if you are familiar with the following statistical data on contraceptives used in East Timor.

According to the bulletin published by TAPOL (The Indonesian Human Rights Campaign), No.73, January 1986, when the family planning center funded by the World Bank was opened in Dili in 1985, for 56.8% of couples, the woman was on the pill, another 31.7% were injected with contraceptives, 8% used the coil, 1.2% used other methods and in 2.1% of cases the man used the condom.

According to IPPA (The Indonesian Planned Parenthood Association), BKKBN publicised that in East Timor in 1986, 57% of current participants of the family planning program used injectable contraceptives, 29% took the pill, 10% used IUD and 4% used other methods.

Based on the Statistics on Mother and Child published by the Indonesian Central Bureau of Statistics in 1988, BKKBN said that in East Timor in March 1987, 59.7% of current acceptors used injectables, 23.0% took the pill, 12.6% used IUD, 1.4% used condom and 3.3% used other methods. On the other hand, in Indonesia, 19% of current acceptors used the injectables, 48.5% took the pill, 24.1% used IUD, 4.4% used condom and 4.0% used other methods.

If these data are correct, it would seem that "the popularity" of injectable contraceptives in East Timor grew considerably after the opening of the Bank- funded center in Dili in 1985. Though I don't have any corraborating evidence to support the above allegations by East Timorese concerning the coercive use of injections, it is hard not to gather from the data that the authorities intentionally promoted the injections in East Timor. I also wonder if the women were given proper warning about contraindications or directions, for example, necessary for those who got

pregnant. A common theme of the allegations by the East Timorese is that they were not clearly briefed on the risks and benefits of each method, being introduced, it was the pill, injectables or implants. They also said it was very difficult for them to refuse the specific method offered by the authorities, for fear that they might be regarded as anti-Indonesia or a sympathiser of the pro-independence movement.

Did the Bank mission or the UNFPA delegation check whether the current or previous users were informed, for example, of the contraindications of contraceptive injections? I enclose the WHO statement on these contraindications as well as the Population Council's statement on contraindications for implants.(3)

3. Preference for Injectable Contraceptives in Indonesia

It was recently brought to my attention by a Japanese midwife who has been working for a hospital in Asahan Prefecture, North Sumatra Province of Indonesia and a medical doctor who was also based in Asahan Prefecture and worked in the North Sumatra Health Promotion Project sponsored by JICA (Japan International Cooperation Agency) that postpartum administration of DPMP has substantial adverse effects on lactation, just like oral contraceptives containing both esterogen and progestin terminate lactation or reduce volume of milk.

WHO says women who are breast feeding should not receive either DMPA or NET-EN until at least 6 week postpartum. Dr. Yasuhide Nakamura presented a different view in Primary Health Care in Indonesia published by JICA in December 1988.

"It is the general view of medical doctors that women should not take any synthetic hormone for contraception for at least 6 months."

"I observed the administration of pills or injections started 2 or 3 months after giving birth, and because of that many women suffered from reduction of lactation."

According to Community-based Household Health Survey at Tinggi Raja village conducted by Dr. Nakamura, 45% of users of the injectables complained of side-effects, such as irregular bleeding, abnormal menstruation and troubles with the digestive organs.

Instead of recommending the contraceptive injections, Dr. Nakamura directed his energies to assisting a seminar for midwives in which the midwives were given training in appropriate insertion or placement of IUDs. In North Sumatra province in 1988 the proportion of IUD users exceeded that of injection user.

Considering the advantages of breast-feeding, the lactation problem is no small concern. If alternatives are available, I would think that the advantages or popularity of injections is not be as obvious as supposed.

5. Can TT (Tetanus Toxoid), which was given to highschool girls in Dili, prevent neonatal tetanus in the newborn child?

I understand your clarification that injections cannot sterilize women. There seemed to be a misunderstanding among the people on this point. I also grant that, besides allegations by East Timorese, there was no hard evidence to prove that it was not TT but contraceptive injections which were administered to the girl students in State SMA I and II and SMEA schools in Dili in December 1988. But I cannot agree that the TT given to the girls was to prevent neonatal tetanus when they give birth to a child in the future. Certainly this was the reason that the governor of East Timor was given when he questioned the authorities involved as to why the injections were given only to girls. The authorities said; "To ensure that if they get married later on and become pregnant, their children will not fall ill." But other information on the vaccination program in Indonesia and in general, indicates that in order to prevent neonatal tetanus TT is to be given to pregnant women.

According to Child Survival and Development in Indonesia, 1987-1989, Masterplan of Operation Covering a Country Programme of Cooperation between the Government of Indonesia and UNICEF,

"TT vaccine is given to pupils in the last year of primary school. If the child received DT (Diphtheria Tetanus) vaccine in the first year of primary school, she/he gets one dose. In case she/he didn't, two doses must be received."

"Before the eighth month of pregnancy, expectant mothers are provided with two doses of TT vaccine with a minimum one month interval between doses. W omen who have received two doses of TT vaccine are considered to be able to transfer immunity for three years to their newborns. Thereafter a single booster is required."

A Japanese authority, Dr. Akira Oya said in Vaccinology-Theory and Administration of Vaccine, published by Kodansha Scientific, that two doses of TT should be given 4 weeks apart to pregnant women in order to prevent neonatal tetanus.

Does Indonesian Government carry out the same practice not only in East Timor but also anywhere in Indonesia? If so, does the government say the purpose of vaccinating TT to highschool girls is to protect offspring yet to be conceived? Was the Government of Indonesia operating under a different principle than that given by these instruction? If so, what are the reasons for doing so? Or was the answer given to the Governor mistaken?

6. DMPA in Japan

In Japan the use of DMPA as a contraceptive is not approved. It was approved as medication for breast cancer and uterus cancer in 1987. But according to the Imformation on Side-effects of Drugs published by our Ministry of Health on May 31 last year, it was revealed that 33 acceptors of DPMA in pill form got cerebral infarction or myocardial infarction caused by blood clots within one year and seven months and 11 died from thrombus, 12 could not recover from thrombus or were suffering from its sequelue. The Ministry of Health in Japan organised a special investigation committee. This was, by the way, the first time that the Ministry of Health organised such a committee to investigate a specific drug.

I thank you very much for your attention and look forward to receiving further communication from you in response to these points.

Sincerely yours,

K. Furusawa

Kiyoko Furusawa Ms.

Notes

(1) East Timor is a former Portuguese colony, which has been unlawfully occupied by the Republic of Indonesia since December 1975. The United Nations General Assembly adopted resolutions supporting the right to self-determination of the East Timorese people eight times. Discussion on decolonisation of East Timor still continues in the United Nations. Last year on August 31 the United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities supported the following resolution on the human rights situation in East Timor:

"The Sub-Commission on Prevention of Descrimination and Protection of Minorities,

Guided by the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the universally accepted rules on international humanitarian law,

Recalling the resolutions 1982/20 of 8 September 1982, 1983/26 of 6 September 1983, 1984/24 of 29 August 1984 and 1987/13 of 2 September 1987 concerning the situation in East Timor,

Considering the repeated allegations that the people of East Timor continue to be subjected to gross violations of human rights,

1. Welcomes the action taken by the Secretary -General regarding East Timor;
2. Requests the Secretary-General to continue his efforts to encourage all parties concerned, that is the administering power, the Indonesian Government and representatives of the East Timorese people, to co-operate fully in order to achieve a durable solution, taking full account of the rights and wishes of the people of East Timor;
3. Takes note of the letter from Bishop Carlos Filipe Ximenes Belo, dated 6 February 1989 (A/AC.109/991), addressed to the Secretary-General calling for a referendum in East Timor;
4. Appreciates the Indonesian Government's new policy of openness in East Timor since January 1988;
5. Regrets however that more arrests, torture and summary executions are alleged to have taken place since the end of 1988;
6. Hopes therefore that the Indonesian Government would go a step further to allow representatives of human rights organisations to visit the territory;
7. Recommends to the Commission on Human Rights that it consider, at its forty-sixth session, the human rights situation and fundamental freedoms in East Timor."

(2) "Timorese women can't refuse the family planning program because it is imposed by force. In spite of that, in Dili, there are Timorese women who try to escape or don't participate in the program. The Indonesians don't take any hard measure because of the presence of the delegation of the International Red Cross. But in the internal parts of territory, in the Indonesian controlled areas, women are forced to follow the program of family planning because it is carried out with the forced collaboration of the head of the village, since every local clinic has close relations with the local military authorities."

" In Dili the Indonesians use other ways of carrying out the program. Mario Carrascalao, the governor of East Timor appointed by Indonesian authorities, recognised that Indonesian authorities carried out vaccination of sterilization in the schools and that the vaccination were only given to girls. They allege that the vaccination is to prevent tetanus. The vaccinations or injections

are given to the women without any previous informaiton."

"The Timorese women are obliged to follow the family planning program since they are living in the Indonesian controlled areas and they are treated as Indonesians. As Indonesian citizen they must follow the program of family planning as part of the general program of Jakarta government."

I have heard specific, individual allegations from other sources.

Mr. Aires de Almeida, an East Timorese now living in Australia, stated in the Sidney Morning Herald of October 30, 1988 that his cousin was a nurse and was forced to administer, the contraceptive injection Depo Provera. Three of his relatives died in what he believed were suspicious circumstances.

Mr. Jose Gusmao, an East Timorese also living in Australia, said in Japan in November 1988 that his aunt had been administered Depo Provera but afterwards she noticed she was pregnant and finally had a miscarrige. Mr. Gusmao suspected that she was administered Depo Provera at early stage of pregnancy and this caused her that miscarriage or Depo Provera, failing to work as a contraceptive, caused that birth defect.

A Japanese catholic sister interviewed some East Timorese when she visited East Timor in October 1988. One woman who wished to remain anonymous stated:

"Family planning workers came from the hospital and visited families which had many children and urged the wife to take pills without explaing what it was and what would be the outcome of taking these pills. Two or three years later, churches started delivering pills. Some women suffered from heavy bleeding and various aftereffects at that time. They didn't know the cause of these troubles. Then I asked a series of questions and I found out that they had taken the pills given by hospitals before. I advised them to quit these pills bcause these pills did not match their constitution and to take the ones recommended by churches instead."

Bishop Carlos Filipe Ximenes Belo told Kyodo News Service in Dili on October 10, 1989,

"Though the population of the island dramatically decreased because of the war, the Indonesian authorities carried out birth control almost by force. Contraceptive injections having side effects were used. We protested that the authorities should stop using the injection."

Mr. Maria Joao Dos Reis, an East Timorese now living in Portugal, stated in Japan last December,

"My aunt living in Kelibas near Manatuto was implanted with little white tubes in her arm in January or February 1988. She was told it was for contraception and not to get the implant site wet for three months. It was shortly after she gave birth to her third child. Though she was not given further information and she hesitated, she couldn't refuse it. After that she got jaundice and became weaker."

Mr. Dos Reis had been working for the Indonesian Ministry of Information until he left East Timor in October 1988. According to Mr. Dos Reis, the promotion of family planning

comprises a part of Ministry officers jobs. Before visits by staff from the family planning office, they are sent to villages to tell the husbands that family planning will make their wives free. A three month course on family planning program is compulsory for all the officers of the Ministry of Information. He took that course from 1984 to 1985. He said the troubles caused by inappropriate insertion and placement of IUDs occured often at one time. In one village in Same there appeared some injury to a women who had an IUD inserted. The villagers got very angry and prevented Ibu Ros, a woman doctor who had inserted the IUD, from entering the village. Since these troubles occurred so often, catholic churches took these incidents seriously and prohibited the use of IUDs for the time being, Mr.Dos Reis said.

(3) The Annex 1 of 'Facts about Injectable Contraceptives, Memorandum from WHO Meeting' in WHO Bulletin, Vol.60, 1982 , presented the Considerrations For Administering DMPA(Medoroxyprogesterone in its depot form, Upjohn Company trade name, Depo Provera) and NET-EN (norethindrone enanthate, Schering AG trade name, Noristerat) as a Contraceptive.

"Contraindications for use are as follows:
-cancer of the breast or an undiagnosed breast lump
-all genital cancers (except as treatment for endometrial cancer)
-undiagnosed abnormal uterine bleeding
-suspected pregnancy

Special problems that require medical assistance and advice from a physician or other trained medical supervisor are as follows:
-abnormal liver function or recent history of liver disease
-history or evidence of cardiovascular disease
-diabetes mellitus or history of gestational diabetes
-age over 40 years

According to the Population Council, contraindications for implants include active liver disease, jaundice, liver tumors, pregnancy, and uterine bleeding of unknown cause.

I understand that the research and investigation on side-effects of contraceptive injections like,
-menstrual cycle disturbances
-bleeding irregulations
-weight gain
cardiovascular effects like,
-effects on blood pressure or on blood coagulation
effects on reproduction like,
-return to fertility
-fetal effects
-lactation
-hormone transmission in breast milk
and the question of cancer still continues.